

1701

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

State File No. 454

Registrar's No. 1050

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location 612 East Helen St.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution None; In Community 6 Years; In Arizona 6 Years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson
(If outside city limits also write RURAL)

(d) Street No. 612 East Helen (e) Citizen of foreign country (Yes or No) no
If Yes, which country none

3. (a) FULL NAME Frank Bernard (b) If Veteran name war XXXXXX (c) Social Security No. 527-32-5913

4. Sex M 5. Race White ☒ Indian ☐ Negro ☐ 6. (a) Single, married, widowed or divorced Married
Oriental ☐

6. (b) Name of husband Viola Bernard 6. (c) Age of husband 56 yrs.
or wife, if alive.

7. Birthdate of deceased December 3, 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 17 If less than one day
hrs. min.

9. Birthplace Sault Ste. Marie, Mich.
(City, town or county) (State or Country)

10. Usual Occupation Retired Gov. Inspector

11. Industry or Business

12. Name Not known
13. Birthplace II II
(City, town or county) (State or Country)

14. Maiden Name II II
15. Birthplace II II
(City, town or county) (State or Country)

16. (a) Informant's own signature Viola Bernard
(b) Address 612 East Helen, Tucson, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place South Lawn (c) Date 11-23-46

18. (a) Embalmer's Signature Arthur J. Adair
(b) Funeral Director Howard A. Bring
(c) Address Bring's Funeral Home

19. (a) 11-23-46
(Date received by Registrar)

(b) [Signature]
(Registrar's Signature)

40M-160% Rag-6-10-44

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Nov. 20, 1946
TIME (Hour and minute) 11.45 PM

21. I hereby certify that I attended the deceased from 19 August to 20 Nov. 1946
that I last saw him alive on 20 Nov. 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within three months of death)
Major findings:
Of operations

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [Signature] M. D.
Address 612 N. 4th Ave Tucson Ariz Date signed 11/22/46

DURATION Immediate

PHYSICIAN
Underline the cause to which death should be charged statistically

Dr. Delbert W. Hess-- 612 North 4th.
Bring's 5920